



## APPLICATION FOR EMPLOYMENT

6591 Orange Drive, Davie, Florida 33314

(954) 797-1100

Job Hotline (954) 791-9501

Web Page [www.davie-fl.gov](http://www.davie-fl.gov)

**"An Equal Opportunity Employer"**

**Drug-Free and Alcohol-Free Workplace**

A Town of Davie employment application must be completed for an applicant to be considered for employment. Please answer each question. If the question does not apply, indicate N/A. If the space available is insufficient, please attach additional sheets as required. Please PRINT CLEARLY or TYPE all information. Please use ink.

The Town of Davie reserves the right not to process an employment application if said application is found to be incomplete or if required documentation is not provided. If you are submitting a resume, you must still complete all parts of this application.

Under the Americans with Disabilities Act of 1991, the Town is required to reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment but only if the Town knows that an accommodation is required. If you are disabled and require accommodation, the Town will make every reasonable effort to provide it to you. You may request an accommodation at any time. However, some types of accommodation may require some preparation before they can be provided.

The Town of Davie hereby discloses that social security numbers will be used for billing purposes, payroll eligibility verification, applicant employee background checks, and to enable other health care providers and insurers to identify and manage your records. No other use of social security numbers is authorized. This written statement is in compliance with Florida Statutes, Section 119.071(5)(a).2.a.

1) Position Applied For	2) Social Security Number	3) Telephone Number
4) Last Name	First Name	Middle Name
5) Present Address Street	City	State Zip
6) Previous Address Street	City	State Zip
7) Are you available to work ___ Full Time ___ Part Time ___ Temporary When are you able to start? _____		
8) Under the Immigration Reform and Control Act, we are required to verify that you are legally eligible for employment in the United States. Please provide the appropriate documentation upon employment.		
<div>Appropriate documentation includes any one of the following:<ul style="list-style-type: none"><li>•United States Passport</li><li>•Certificate of United States Citizenship</li><li>•Certificate of Naturalization</li><li>•Resident Alien Card, provided it bears a photograph of the bearer</li><li>•Temporary Resident Card</li><li>•Employment Authorization Card</li></ul></div> <div>If the aforementioned are not available, appropriate documentation may consist of the following:<ul style="list-style-type: none"><li>•Social Security Card*</li><li>•Original or certified copy of a Birth Certificate*</li><li>•Unexpired INS Employment Authorization*</li><li>•Certification of Birth Abroad issued by the Department of State*</li><li>•United States Citizen Identification Card*</li></ul></div> <div>*Must be accompanied by a document that establishes identity, such as a picture-bearing driver's license, a picture-bearing state issued identification card or school identification card, voter's registration card, United States Military card or draft record.</div> <div><b>Documents other than those listed may be accepted, please inquire.</b></div>		

9) Education (attach a copy of diploma, G.E.D., certificate or degree)		
A) Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		
High school diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date received: _____
Equivalency-G.E.D.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date received: _____
Name/City/State of last school attended: _____		

B) List Special Training (Business, Technical, Vocational, Armed Forces School, etc.)

Name and Location of Vocational School, Training Center, etc.	Dates Attended		Course(s) or Subject(s) Taken	Certificate(s) Received
	From MO/YR	To MO/YR		

C) List Colleges and Universities Attended

Name and Location of College or University	Dates Attended		Credit Hours	Major/Minor Program of Study	Degree	Date Received
	From MO/YR	To MO/YR				

D) List any experience, skills, or qualifications which you feel should be considered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E) List any special qualifications not covered elsewhere (i.e. membership in professional or technical associations, licenses or certificates held or certified membership in any trade or profession): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10) Employment Record:** Begin with your present or most recent employment and work back. List all jobs held in the last ten years. If more space is necessary, please attach additional sheets. Be specific when describing job duties. Please do not include volunteer work.

May we contact your present employer regarding your record of employment? ☐ Yes ☐ No

A) Present Employer

From MO/YR	To MO/YR	Employer _____
		Address _____
		City/State/Zip _____
Hours Per Week _____		Position Title _____
Starting Salary _____		Supervisor's Name _____ Telephone Number _____
Ending Salary _____		Reason for Leaving _____
Specific Duties _____		
_____		
_____		
_____		

B) Previous Employer		
From MO/YR	To MO/YR	Employer _____
		Address _____
Hours Per Week _____		City/State/Zip _____
Starting Salary _____		Position Title _____
Ending Salary _____		Supervisor's Name _____ Telephone Number _____
		Reason for Leaving _____
Specific Duties _____		
_____		
_____		

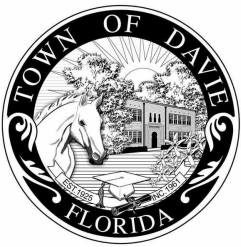
C) Previous Employer		
From MO/YR	To MO/YR	Employer _____
		Address _____
Hours Per Week _____		City/State/Zip _____
Starting Salary _____		Position Title _____
Ending Salary _____		Supervisor's Name _____ Telephone Number _____
		Reason for Leaving _____
Specific Duties _____		
_____		
_____		

D) Previous Employer		
From MO/YR	To MO/YR	Employer _____
		Address _____
Hours Per Week _____		City/State/Zip _____
Starting Salary _____		Position Title _____
Ending Salary _____		Supervisor's Name _____ Telephone Number _____
		Reason for Leaving _____
Specific Duties _____		
_____		
_____		

<b>11) Were you ever in the United States Armed Forces?</b> <input style="margin-left: 10px;" type="checkbox"/> Yes <input style="margin-left: 10px;" type="checkbox"/> No	
If yes, complete the following:	Branch _____ Rank _____
	Date of Entry _____ Date of Separation _____
List any special duties or training you received:	
_____	
_____	

<b>12) Veteran's Preference:</b> Are you claiming Veteran's employment preference? <input style="margin-left: 10px;" type="checkbox"/> Yes <input style="margin-left: 10px;" type="checkbox"/> No         If yes, please complete a Town of Davie Veteran's Preference Form (available at Town Hall), and submit with appropriate documentation (copy of DD214) substantiating your claim, at the time of application.
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<b>13) How did you learn of this opening?</b>			
_____ Town Employee		_____ Interest Card _____ Web Page	
_____ Town's Job Announcement Board		_____ Newspaper Ad - Specify Newspaper _____	
_____ Employment Agency		_____ Other: _____	
<b>14) References:</b> Please list three people not related to you, whom you have known for at least one year.			
A) Name _____		Occupation _____	
Address _____		Telephone Number _____	
B) Name _____		Occupation _____	
Address _____		Telephone Number _____	
C) Name _____		Occupation _____	
Address _____		Telephone Number _____	
<b>15) Have you ever been discharged or forced to resign from any job?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____			
<b>16) Have you ever been employed by the Town of Davie?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date(s) and department(s): _____			
<b>17) Are you related to any Town of Davie employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name, relation, and employing department: _____			
<b>18) Have you ever been convicted of any criminal offense, pleaded guilty or <i>nolo contendere</i>, or found guilty of a criminal offense, even though adjudication was withheld or sentence was suspended?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Charge	Place	Current Status
_____ (NOTE: A "yes" response to this question does not automatically disqualify you for employment.)			
<b>18(a) Have you ever been a defendant in any civil action or lawsuit that included a claim against you for an intentional tort (including but not limited to assault, battery, false imprisonment, negligent or intentional inflection of distress, trespass, etc?)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state the date, name and location of the court in which the claim, action, or lawsuit was brought against you, and the current status or disposition of the claim, action or lawsuit.  Date: _____ Court: _____ <div style="text-align: right;">(Name/Location)</div> Status/disposition: _____			
<b>19) In case of emergency, please notify:</b>			
Name _____		Relationship (if any) _____	
		Phone Number _____	
Address _____		City _____	State _____ Zip _____
<b>CERTIFICATION AND AUTHORIZATION</b> I understand that misrepresentation or omission of pertinent facts called for may be cause for dismissal if I am employed. I authorize the Town of Davie to make inquiries into my personal, educational or employment history as may be necessary to reach any employment decision and I consent to the release of information from past employers and other individuals concerning my qualifications for employment. I further understand that, if hired, there is a probationary period and I can be terminated at any time during the period.			
Signature _____		Date _____	
By signing this form, I authorize my minor child to sign this Application for Employment with the Town of Davie.			
Parent/Legal Guardian _____		Signature _____	
(Print)			



## EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

The Town is firmly committed to equal employment opportunity for all employees and applicants. The Town shall not discriminate in any employment related decisions on the basis of race, color, religion, sex, age, national origin, marital status, political affiliations, handicap or disabilities.

If you choose to provide the following information it will be used to help improve our recruitment programs and comply with Federal/State Equal Employment Opportunity record keeping, reporting, and other legal requirements.

This form will be detached from your application and kept separate. This information will not be used in any way to make any employment decisions which affects you.

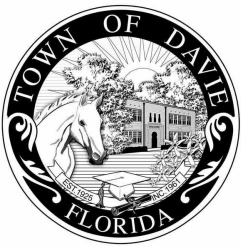
**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Sex:** ☐ Female ☐ Male

**Social Security #** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race/Ethnic Group: (please check one)**

- ☐ **White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.
- ☐ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands. This area includes, for example China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **American Indian or Alaskan** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Other**



## DRIVING HISTORY QUESTIONNAIRE

Please print all information EXACTLY as it appears on your driver's license. If a question does not apply to you write N/A (not applicable).

<b>Drivers License #</b>		<b>Issuing State:</b>		<b>Class:</b>		<b>Endorsement:</b>	
<b>Name (Last, First, M.I.):</b>							
<b>Address:</b>							
	(Street)	(City)	(State)	(Zip Code)			
<b>Have you held a Drivers License other than your current State of Florida License within the past seven years?</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Drivers License #:</b>		<b>Issuing State:</b>					

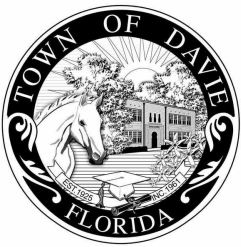
<b>Is your License Currently Valid?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Has your License ever been suspended?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please give Dates and Explanation:			
<b>Has your License ever been revoked?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes please give Dates and Explanation:			
<b>List all Traffic Citations received within the last seven (7) years (list on reverse side if additional space if needed). If none, write NONE.</b>			
<b>Date</b>	<b>Description of offense</b>	<b>State in which occurred</b>	<b>Disposition of case</b>
<b>Have you ever completed a defensive driving course?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please give Dates and Explanation:			

**CERTIFICATION OF APPLICANT – Please read carefully before signing.**

I hereby certify that all answers to the above questions and statements are true, and I agree and understand that any misstatements of material facts contained in this form may cause forfeiture upon my part of all rights to any employment sought hereunder.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **DRUG-FREE & ALCOHOL-FREE WORKPLACE APPLICANT NOTIFICATION & ACKNOWLEDGEMENT**

The Town of Davie has determined that drugs (including alcohol), taken for non-medicinal purposes, have no place on the job. An employee's use of drugs and/or alcohol subjects the employee, co-workers and the public to unacceptable safety risks, impairs an employee's ability to perform on the job, and undermines the Town of Davie's ability to operate effectively and efficiently. Accordingly, the Town of Davie has implemented a drug-free and alcohol-free workplace program in keeping with both the spirit and intent of the Drug-Free Workplace Act of 1988, 41 U.S.C. Section 701, et seq. It is a condition of employment that all employees abide by this policy concerning drugs and alcohol.

Tests for the presence of controlled substances will be administered following a conditional offer of employment to:

- All applicants for full-time regular and full-time temporary positions and part-time regular positions at the time of the pre-employment physical examination;
- All applicants for part-time temporary positions.

The Human Resources Department will schedule the examination of eligible applicants. At the time of screening, applicants are to identify themselves by a driver's license or other means of photographic identification. Parental consent will be required for applicants under eighteen years of age.

The confirmed presence of a controlled substance without adequate explanation will result in termination of the applicant's candidacy. Applicants may contest or explain the confirmed positive test result to the Town of Davie within five working days after written notification of the confirmed positive test result. Applicants who refuse to be tested for controlled substances, or who fail to report for testing as directed, or who have a confirmed positive test result, will be removed from consideration for employment and shall be precluded from reapplying for employment with the Town for a period of one (1) year from date of refusal, failure to report, or confirmed positive test result.

If the test results are positive, the applicant may, at his/her own expense, have a Gas Chromatography - Mass Spectrometry performed on the original sample by a qualified laboratory. Written results from the laboratory are to be provided to the Human Resources Department.

I have read the above and am aware of the above policy.

**NOTE: DO NOT SIGN THIS FORM UNLESS IN THE PRESENCE OF WITNESS.**

**(Any person over the age of 18 may act as a witness)**

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian  
(If under the age of 18)

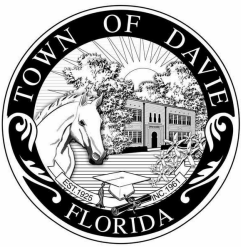
\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(If under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



## RELEASE & WAIVER FORM FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

***\*\*Must be notarized prior to submission of application\*\****

I, \_\_\_\_\_, hereby authorize any officer or other authorized representative of the Town of Davie bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my personal, educational, or employment history as may be necessary to reach any employment decision including, but not limited to, academic achievement, attendance, athletic, personal history, performance report, background investigations, social security information and records, and disciplinary records, and I consent to the release of information from past employers and other individuals concerning my qualifications for employment.

I also hereby, authorize any officer or other authorized representative of the Town of Davie bearing this release or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s) or both, which pertain to my employment following a conditional offer of employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Town of Davie.

I also hereby release you, as the custodian of such records and any school, college, university or other education institution, or retail business establishment including collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I also hereby release the Town of Davie and any officer or other authorized representative of the Town of Davie, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it. **MUST BE SIGNED IN THE PRESENCE OF A NOTARY.**

_____ Signature	_____ Date	_____ Telephone Number
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By signing this form, I authorize my minor child to sign this Release and Waiver form for pre-employment background investigation.

_____ Signature	_____ Date	_____ Telephone Number
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STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ by  
\_\_\_\_\_ (name of person acknowledging).

(SEAL)

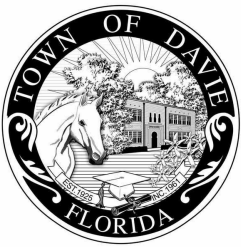
☐ Personally Known      ☐ Produced Identification

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Type Commissioned Name of Notary





## NOTICE TO APPLICANT OF INTENT TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT

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Dear Applicant:

In connection with your application for employment, we would like to procure certain background information concerning you which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your: credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends, and/or associates (e.g., former employers).

Before we may procure an investigative consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure an investigative consumer report. However, we will not consider you further for employment if you so decline.

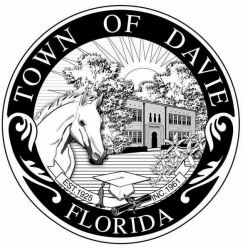
In addition to information to be obtained from other sources without personal interviews, we intend to ask your former employer(s) the following questions concerning:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances?
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

On the back of this form you will find a release which will allow us to obtain an investigative consumer report concerning the foregoing questions. Please read the release carefully before signing it and indicating your choice regarding disclosure. Additionally, please note that the release authorizes us to obtain an investigative consumer report now and at any other time during your employment.

Attached to this letter is "A Summary of Your Rights under the Fair Credit Reporting Act."

Sincerely,  
Human Resources Management

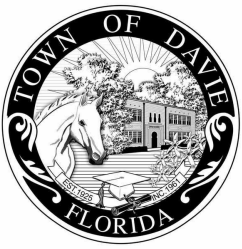


## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

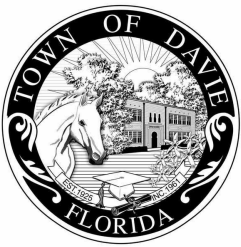
- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify the (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRA’s -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.



## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

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- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA, may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.



## RELEASE TO PROCURE A CONSUMER REPORT

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I have read the **“Notice to Applicant of Intent to Obtain Consumer Report”** letter on the back of this form.

I understand that I have the right to decline authorization for the Town of Davie to procure a consumer report concerning me.

I understand that the consumer report may contain information concerning my: credit worthiness, credit standing, general reputation, personal characteristics, mode of living, and/or criminal background.

Understanding these rights,

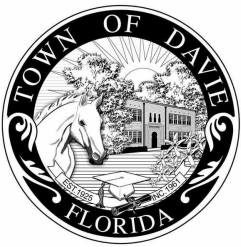
\_\_\_\_\_ I **authorize** the Town of Davie to procure a consumer report concerning me now and at any other time during my employment.

\_\_\_\_\_ I **do not authorize** the Town of Davie to procure a consumer report concerning me.

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



## INSERT TO FIREFIGHTER EMPLOYMENT APPLICATION

**Instructions:** This affidavit is to be submitted with the employment application. This affidavit must be submitted in accordance with Florida State Statute 633.34 Fire Fighters; qualifications for employment.

### AFFIDAVIT

STATE OF FLORIDA                     )  
   )  
COUNTY OF \_\_\_\_\_ )

Before me this day personally appeared \_\_\_\_\_, who, being first duly sworn, deposes and says that he has been a non-user of tobacco or tobacco products for at least one (1) year immediately preceding the date of submission of this employment application.

\_\_\_\_\_  
(Must be signed in presence of Notary)

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print or Type Commissioned Name of Notary

(SEAL)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_